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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Ad	dvantage Personnel Resources II Inc					
SCHOLCI	(PROPOSED CORI	PORATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)			
Enclosed are an	original and one (1) copy of the	ne articles of incorporation and	a check for:			
☐ \$70.0 Filing Fo	900 \$78.75 See Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Kevin Ross					
		Name (Printed or typed)				
	8831 SW 92 Lane					
	Address					
	Gainesville, Florida 32608					
	City, State & Zip					
	352-258-6763					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

kross@apradvantage.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	Advantage Personnel Reserve	ources II Inc.	
ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:
4907 NW 43rd Street Ste. B		 	
Gainesville, Florida 32	606		
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:		
	npany, Payroll, WC and HR		
.		-	AR HAR
			18 29 See 29
*****	W74 F 4P 1110 F		SSEE FH
ARTICLE IV SHARI The number of shares of			ENTE SO
	L OFFICERS AND/OR DIRECTORS		
Name and Title	Kevin Ross /Director	Name and Title	Todd Ruano/Director
Address	8831 SW 92 Lane	Address:	4907 NW 43rd Street
	Gainesville, Florida 32608		Ste. B
			Gainesville, Florida 32606
Name and Title:		Name and Title	:
Address		Address:	
Name and Title:		Name and Title	·
Address		Address:	

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accep Kevin Ross	table) of the registered agent is:	
Address:	8831 SW 92 Lane		
7 radi (35.	Gainesville, Florida 32608		16 TAL
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		HAR 29
The name and	address of the Incorporator is:		
Name:	Kevin Ross		
Address:	8831 SW 92 Lane		5 5
	Gainesville, Florida 32608		
Effective date, i (If an effective days after the t Note: If the dat	f other than the date of filing: date is listed, the date must be specific and filing.) te inserted in this block does not meet the appetite effective date on the Department of State's re	l cannot be more than five busing licable statutory filing requirements	ness days prior or 90 business
Having been no this certificate, I	amed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated corp to as registered agent and agree to	oration at the place designated in act in this capacity
			3-28-16 Date
	Required Signature/Registered Age	ent	Date
	ocument and affirm that the facts stated here Department of State constitutes a third degre		
			3-28-16
Requ	uired 81gnature/Incorporator	······································	Date